

11222

PLACE OF BIRTH  
County of Yuma  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or Globe  
City of \_\_\_\_\_  
(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
State Index No. 159  
Co. Register No. 565  
Local Registrar's No. \_\_\_\_\_

**ORIGINAL CERTIFICATE OF BIRTH**

FULL NAME OF CHILD Kenneth Ryan { Born } YES  
If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive } ~~YES~~

Sex of Child Male { Twin, Triple or other } and { Number in order of birth 1 } Legiti- mate? yes Date of Birth Oct 24 1921  
(Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	<u>William A. Ryan</u>	Full Maiden Name	<u>Edith Watkins</u>
Residence	<u>Globe, Ariz.</u>	Residence	<u>Globe, Ariz.</u>
Color or Race	<u>White</u>	Color or Race	<u>White</u>
Age at last Birthday	<u>35</u> (Years)	Age at last Birthday	<u>28</u> (Years)
Birthplace	<u>Globe, Ariz.</u>	Birthplace	<u>Texas</u>
Occupation	<u>Stock Raising</u>	Occupation	<u>Housewife</u>

Number of child of this mother 4 Number of Children, of this mother, now living 4 Were precautions taken against Ophthalmia neonatorum? YES

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of the above child; and that it occurred on Oct. 24 1921 at 11.50 P.M.

{ \*When there is no attending physi-  
cian or midwife, then the householder  
should make this return. }

(Signature) J. P. Males  
(Attending physician, midwife, householder. \*)

Given or Christian name added from a  
supplemental report \_\_\_\_\_ 191\_\_\_\_\_

Address \_\_\_\_\_

Filed Nov 12 1921

B. G. Gray  
LOCAL REGISTRAR.

295-1024-562  
COUNTY REGISTRAR.

Filed Dec 6 1921 A True Copy

B. G. Gray  
COUNTY REGISTRAR.